



## Corrective Action for Denied Paper Claims

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Follow the appropriate corrective action for a denied claim. **Note:** Dental providers should consult their provider manual or contact the MassHealth Dental Third-Party Administrator at 1-800-207-5019.

### Original Claim Was Submitted Within 90 Days

- If the resubmitted claim will be received by MassHealth within 90 days of the date of service, you may correct all errors using the following method.
  - Prepare a new claim form with the correct information and attach any required documentation. A former TCN is not required.
  - Submit the claim to: MassHealth, P.O. Box 9118, Hingham, MA 02043.
- If the resubmitted claim will be received by MassHealth over 90 days, but within 1 year of the date of service, you may correct all errors using the following method.
  - Prepare a new claim form with the correct information and attach any required documentation. Multiple line claims can be submitted on a claim form if a former TCN is not required.
- A former TCN is not required if your paper claim meets the following criteria:
  - the original claim was submitted within the 90-day period and appeared as denied on the remittance advice; and
  - the member ID number (RID), pay-to-provider number, revenue code, service code, claim type, and service date are not changing.
  - Submit the claim to: MassHealth, P.O. Box 9118, Hingham, MA 02043.
- Use the former TCN to resubmit the claim if one or more of the following items are changing and submit one claim line per claim form only.
  - service date; and
  - revenue code or service code.
  - Submit the claim to: MassHealth, Attn: Resubmittals, P.O. Box 9118, Hingham, MA 02043.
- If you are making changes to the member ID number (RID), pay-to-provider number, or claim form type, the former TCN cannot be used. You must request a 90-day waiver and include a cover letter and supporting documentation. Use the following method to request a waiver.
  - Prepare a corrected claim form. Multiple claim lines can be submitted on a single claim form.
  - Attach a cover letter with any documentation that was included with your original submission and additional supporting documentation, such as a copy of the remittance advice showing that your original claim was received within 90 days.
  - Submit the claim to: MassHealth, Attention: 90-Day Waivers, P.O. Box 9118, Hingham, MA 02043.

### Original Claims Submitted Over 90 days

- If the claim type, member number, or pay-to provider number is changed and the original claim was submitted over 90 days from the date of service, or if the original claim was denied because it was submitted 90 days from the date of service, you must submit a 90 day waiver request with a cover letter and the supporting documentation.

Use the following method to request a waiver.

- Attach a cover letter and any documentation that was included with your original submission and additional supporting documentation.
  - Submit the claim to: MassHealth, Attention: 90-Day Waivers, P.O. Box 9118, Hingham, MA 02043.
- If you are making changes to the member ID number, pay-to provider number, or claim form type, and you have exceeded 90 days from the date of service or the date of the EOB from the primary insurer, you may request a 90-day waiver, when applicable. Consult Part 6 of the billing instructions in your MassHealth provider manual for additional information on claim correction procedures.